

EXHIBIT E

1 I don't mean to get into hearsay, but I
2 mean, do you know whether she saw the parents?

3 A I don't know. I think she mentioned she --
4 while she was coming out of the recovery room, she
5 met the parents in the hallway or something. I'm not
6 a hundred percent sure about that.

7 Q If when Grace Freeman went to the PACU at
8 or about 10:30 to check on Brett Lovelace, if she had
9 seen him in a prone position with his knees bunched
10 up under him on his face, what was she trained to do
11 in that event?

12 To take action or do nothing, if you know?

13 MR. COOK: I object to the
14 hypothetical form.

15 You may answer, Doctor.

16 A That is a hypothetical. But mostly we, as
17 long as the patient is breathing well, the position
18 is not the most important thing.

19 BY MR. LEDBETTER:

20 Q So, in other words, if she had seen him in
21 the prone position, it would have been agreeable with
22 you for her to leave him in that position?

23 MR. COOK: Excuse me. Same
24 objection.

25 Please proceed, Doctor.

1 A As long as the patient is breathing well
2 and everything looks good.

3 And that is my answer.

4 BY MR. LEDBETTER:

5 Q What you are saying is, I guess, position
6 is secondary if the breathing is good?

7 A Right.

8 Q Okay. Now if she had, on the other hand,
9 observed that the patient was unconscious and that he
10 was snoring, what, if any, intervention would have
11 then been appropriate if he was on his stomach that
12 way?

13 MR. COOK: Same objection.

14 Go ahead, Doctor.

15 A As I said, if the airway is good, position
16 is not the problem.

17 If the airway is not good in the sense he
18 is not breathing well, then no matter what position
19 the patient is in, it needs to be interfered.

20 BY MR. LEDBETTER:

21 Q Well, will you agree that when you have
22 upper airway morbidities, let's say, before you have
23 upper airway surgery and you were in a semi or
24 unconscious state on your face breathing into a
25 gurney, that is dangerous, is it not?

1 MR. COOK: Object to the
2 hypothetical form.

3 Go ahead, Doctor.

4 A That is a speculation. I cannot answer
5 that.

6 BY MR. LEDBETTER:

7 Q Well, let me ask you this way.

8 Would it be agreeable to you for a patient
9 to be literally on their face with their nose down
10 into the bed linens, I guess, who had had apnea and
11 they just had a tonsillectomy?

12 MR. COOK: Form objection.

13 Please proceed.

14 A This is something -- that is something I'm
15 answering that is a stipulation, so I cannot --

16 BY MR. LEDBETTER:

17 Q Would you say that you do not fault Nurse
18 Kish for allowing him to stay in that position?

19 MR. COOK: Same objection.

20 Go ahead.

21 A I don't know what position the patient was
22 in at that time. But the main thing is the
23 monitoring of the patient is the most important
24 thing, whether the patient is adequately monitored,
25 whether the patient's saturation is very good and

1 vital signs good. That is the most important thing.

2 BY MR. LEDBETTER:

3 Q And what orders did you leave or did Grace
4 Freeman leave relative to monitoring?

5 A We have standard orders to monitor the
6 patient vital signs every, I think, fifteen minutes
7 in -- that is standard; but and to monitor the oxygen
8 saturation. That is heart rate, blood pressure.

9 And if there is deviation from the normal,
10 then you are to call the attention of the physician.

11 Q Did you use or recommend the Aldrete scale?

12 A That is standard in the recovery room, sir.

13 Q Okay. Now did you use or recommend the
14 modified Aldrete scale or the original Aldrete scale?

15 A I think it is the original.

16 MR. COOK: I'm sorry. What?

17 THE WITNESS: Original Aldrete
18 score.

19 MR. COOK: Original.

20 BY MR. LEDBETTER:

21 Q Are you aware that the original Aldrete
22 scale was not in use in hospital PACUs for a number
23 of years before this happened, that it had been
24 abandoned and that there was a modified rule, Ramsay
25 scale and other things?